

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <span style="font-size: 1.2em;">10666305</span>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10	1						60						
11		1					61						
12		1					62						
13							63						
14		4					64						
15		0					65						
16		0					66						
17	1						67						
18		1					68						
19		2					69						
20							70						
21							71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						